IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Tim Kerry Keyes

Art Unit: 3628

Serial No.: 10/035,968

Examiner: Graham, Clement B.

Filed: December 31, 2001

For:

METHODS AND SYSTEMS

FOR ASSESSING LOAN

PORTFOLIOS

Commissioner for Patents P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL

Transmitted herewith is: Transmittal and Amendment in response to Office Action dated September 8, 2006, (18 pages)

STATUS

Applicant claims small entity status. is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 3 1.136 apply.											
	C.F.R. 1.136 schecked below:)										
Exte	ension for resp	oonse within:	Other than small entity Fee	Small entity Fee (if applicable)							
		first month	\$ 120.00	\$ 60.00							
		second month	\$ 450.00	\$ 225.00							
		third month	\$ 1,020.00	\$ 510.00							
		fourth month	\$ 1,590.00	\$ 795.00							
		fifth month	\$ 2,160.00	\$1,080.00							
			Fee Due	\$ 450.00							
If an additional extension of time is required, please consider this a petition therefor. (Check and complete the next item, if applicable) An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested.											
Extension fee due with this request \$ 450.00											
OR											
	(b) Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.										

FEE FOR CLAIMS

4.	The fee	for cla	ims (37 (C.F.R. 1.16(b)-(d)) has	been calculated as s	hown	below:				
	(C	~1 1)		(Cal. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY				
		ol. 1)		(Col. 2)	(Col. 3)	SMALL ENTIT		SWALL LIVITI				
		AIMS AINING		HIGHEST NO.								
		TER		PREVIOUSLY	PRESENT	ADDITIONAL.		ADDITIONAL				
	AMEN	DMENT		PAID FOR	EXTRA	RATE FEE	OR	RATE FEE				
TOTAL			MINUS		=0	x \$25.00 = \$		x \$50.00 = \$				
INDEP.		,	MINUS		=0	x \$100.00 = \$		x \$200.00 = \$				
-	FIRS	T PRESEN	TATION OF	MULTIPLE DEP. (CLAIM	+\$180.00 = \$		+ \$360.00 = \$				
	····					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONA FEE \$				
						,						
	(a)	\boxtimes	No add	itional fee for	r Claims is	s required						
					OR							
	(b)		Total a	dditional fee		required \$						
	(0)		Total additional fee for claims required \$									
_		FEE PAYMENT										
5.		Attached is a check in the sum of \$										
	X	Charg	e Deposi	t Account No	o. 01-2384	the sum of \$450.00)					
		-		FEE D	EFICIEN	CY						
6.	If any additional extension and/or fee is required, charge Deposit Account No 01-2384.											
				A	ND/OR							
	If any additional fee for claims is required, charge Deposit Account No. 01-2384.											
7.		Other:										
						_						
					(1) 11/1/1	\rightarrow					
					Do	niel M. Fitzgerald						
					Da. Re	g. No. 38,880						
					ΔR	MSTRONG TEAS	DATI	ELLP				
						e Metropolitan Squa						
						Louis, MO 63102	,					
						1/621-5070						